

KANSAS STATE BOARD OF PHARMACY
LONDON STATE OFFICE BUILDING
900 JACKSON, ROOM 560
TOPEKA, KS 66612
(785) 296-4056
(785) 296-8420

FEE: \$10.00

APPLICATION FOR DUPLICATE CERTIFICATE

NAME OF APPLICANT _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

WORK PHONE NO. _____

HOME PHONE NO. _____

Name on original certificate _____

Date certificate originally issued _____

Original number issued _____

A duplicate certificate is being requested for the following reason: (Certificate **MUST** be returned, if possible. If not, please explain the disposition of the certificate. A reason must be entered, in either case, below.)

Name requested to appear on **NEW** certificate

I further certify that the certificate, as indicated above, has not been given away to some other person or disposed of to some other person.

I hereby, under oath, certify that the above information is true and correct to the best of my knowledge

DATE

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, 20 _____

My commission expires _____

SIGNATURE OF NOTARY PUBLIC